Registration District No. 1003 Registrar's No. 1496 1. PLACE OF DEATH: (a) County	o. 2 5-43	DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS STANDARD CERTIFI	
PLACE OF DEATH: (a) County	7-39 X36671	FILED MAY 20 1944 Registration District No	1003
(if reactive city of two minut, and same of township) (if seed in hospital or two minut, and same of township) (if seed in hospital or institution. (if the in hospital or institution. (if the inhospital or			2. USUAL RESIDENCE OF DECEASED:
(if yearlies dry to try allouit, with "HUAL" and sees of towards) (if yearlies the project of trail trials, with a strain stands are of towards) (if yearlies to resistance, with a strain stands are of towards) (if yearlies to resistance, with a strain stands are of towards) (if yearlies to resistance, with a strain stands are of towards) (if yearlies to resistance, with a strain stands are of towards) (if yearlies to resistance, with a strain stands are of towards) (if yearlies to resistance, with a strain stands are of towards) (if yearlies to resistance)	8	(a) County	(a) State Missouri. (b) County /2
3. (b) If veteran, name war. 3. (c) Social Security No. None. 3. (c) Social Security No. None. 3. (d) None. 3. (e) Social Security No. None. 3. (e) Social Security No. None. 4. Ser. Female 5. Color or 4. Ser. Female 6. (e) Single, widowed, married, divorced Martiled. 6. (e) Name of husband or wife. 6. (e) Age of husband or wife if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wite if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited ab	Ö	(b) City or town	Saint Louis 9
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3. (b) If veteran, name war. 3. (c) Social Security No. None. 3. (c) Social Security No. None. 3. (d) None. 3. (e) Social Security No. None. 3. (e) Social Security No. None. 4. Ser. Female 5. Color or 4. Ser. Female 6. (e) Single, widowed, married, divorced Martiled. 6. (e) Name of husband or wife. 6. (e) Age of husband or wife if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wite if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited ab			(d) Street No. 4147 Quincy Street.
3. (b) If veteran, name war. 3. (c) Social Security No. None. 3. (c) Social Security No. None. 3. (d) None. 3. (e) Social Security No. None. 3. (e) Social Security No. None. 4. Ser. Female 5. Color or 4. Ser. Female 6. (e) Single, widowed, married, divorced Martiled. 6. (e) Name of husband or wife. 6. (e) Age of husband or wife if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wite if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited ab	<u> </u>	(d) Length of stay: In hospital or institution.	
3. (b) If veteran, name war. 3. (c) Social Security No. None. 3. (c) Social Security No. None. 3. (d) None. 3. (e) Social Security No. None. 3. (e) Social Security No. None. 4. Ser. Female 5. Color or 4. Ser. Female 6. (e) Single, widowed, married, divorced Martiled. 6. (e) Name of husband or wife. 6. (e) Age of husband or wife if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wite if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited ab	Z		(e) Citizen of foreign country?(Yes or No)
3. (b) If veteran, name war. 3. (c) Social Security No. None. 3. (c) Social Security No. None. 3. (d) None. 3. (e) Social Security No. None. 3. (e) Social Security No. None. 4. Ser. Female 5. Color or 4. Ser. Female 6. (e) Single, widowed, married, divorced Martiled. 6. (e) Name of husband or wife. 6. (e) Age of husband or wife if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wite if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited ab	W	years, months or days)	If yes, name country
3. (b) If veteran, name war. 3. (c) Social Security No. None. 3. (c) Social Security No. None. 3. (d) None. 3. (e) Social Security No. None. 3. (e) Social Security No. None. 4. Ser. Female 5. Color or 4. Ser. Female 6. (e) Single, widowed, married, divorced Martiled. 6. (e) Name of husband or wife. 6. (e) Age of husband or wife if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wite if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years percentage of the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited that death occurred on the fact and long stated above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited above. Immediate cause of death. A slive on wife if alive. 43 years limited ab	Ha	3. (a) PRINT Emma C. Benish	!
None			1) 20. DATE OF DEATH: MOREN
The property of the property o		3. (b) If veteran, 3. (c) Social Security None.	year 1944. 2 minute 30 A. M.
Trederick Benish alive 43 years Immediate cause of death Adjusted County Immediate cause of death Adjusted	AK	name war	21. I hereby certify that I attended the deceased from
Trederick Benish alive 43 years Immediate cause of death Adjusted County Immediate cause of death Adjusted	7		Oct 20 ,19 45, to May / 2, ,19 44
Trederick Benish alive 43 years To Birth date of deceased Deceauter 1st 1892. 1892. 1882.	, 7, I		
7. Birth date of deceased Deceabler 1st, 1892. (Month) (Day) (Year) 8. AGE: Years Months Days 5 11 hr. min. 9. Birthplace Clayton Missouri. (City, town, or county) 10. Usual occupation House: Wife. 11. Industry or business. 12. Name Fred. Met zger 13. Birthplace Unknown Unknown 14. Maiden name. Unknown 15. Birthplace Unknown 16. (a) Informant Matter County Deceased Coun	Z		
10. Usual occupation. House: wile. 11. Industry or business. 12. Name	Ä	necester let 1892.	1 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
10. Usual occupation. House: wile. 11. Industry or business. 12. Name	3	7. Birth date of deceased (Month) (Day) (Year)	
10. Usual occupation. House: wile. 11. Industry or business. 12. Name	<u> </u>	8 AGE. Vears Months Days If less than one day	Due to
10. Usual occupation. House: wile. 11. Industry or business. 12. Name	ž		: ,
10. Usual occupation. House: wile. 11. Industry or business. 12. Name	91		Due to
10. Usual occupation. House: wile. 11. Industry or business. 12. Name	è	9. DITTIDIACE	
11. Industry or business. 12. Name		(City, town, or county) (State or foreign country)	Other conditions.
12. Name	SE		II ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
12. Name	7	•	Major findings: ——
(c) Place: burial or cremation New S-S-Peter & Paul 18. (a) Signature of funeral director 3/4 Gravois Ave. 19. (a) MAY 15 1944 (b) (Beristrar's signature) (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Means of injury (e) Means of injury (f) Means of			Underline
(c) Madress		E (13. DifthDiace	which death
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(c) Madress	E		
(c) Madress	E	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
17. (a) Burial (b) Date thereof May (c) Where did injury occur? (City or town) (County) (State) (b) Date thereof May (c) 1944 (d) Did injury occur in or about home, on farm, in industrial place, in public place? (c) Place: burial or cremation. New S.S. Peter & Paul 18. (a) Signature of funeral director 3/1/2 multiple (c) Means of injury (e) Means of injury (f)	WH	41.47 Out mar Ot mant	(b) Date of occurrence
(c) Place; burial or cremation New S.S.Peter & Paul 18. (a) Signature of funeral director 3 (Apartheric Distriction) (b) Address 19. (a) MAY 15 1944 (b) (Registrar's signature) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (d) Did injury occur in or about home, on farm, in industrial place, in public place? (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Means of injury. (f) Means of injury. (g) Means of injury.		Pumial 1997 / = 1044	(c) Where did injury occur?
18. (a) Signature of funeral director 3/409/Gravois Ave. (b) Address 19. (a) MAY 15 1944 (b) (Registrar's signature) (Chate received local registrar) (Chate received local registrar) (Specify type of place) (C) Means of injury (D) Means of injury (D) Means of injury (E) Me		(Burial, cremation, or removal) (Month) (Day) (Year)	(City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place?
(b) Address 19. (a) MAY 15 1944 (b) FBeles 23. Signature 23. Signature 24. Address 6.07. Wave Date signed 5/13/4		(c) Place: burial or cremation New S.S. Peter & Paul	(Carallet Anna Alaban)
19. (a) MAY 15 1944 (b) FB18 18 23. Signature Address 6.97 W Ways Date signed 5 /1.3/4	.	18. (a) Signature of funeral director Sugarheur / Uto i.	
19. (a) MAT 1 1344 (b) (Registrar's aignature) Address 6.97 N Prous Date signed 5.1.3/4		(b) Address 15 104W	23. Signature 2 X Lavarro (M. D. or other)
		19. (a) MAY 13 1344(b) (Registrar's signature)	11 1 2 2 21
			tement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....

, Registered Apprentice No.....

Jomer IV. Oruz

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply we the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.